

Name
in
Full

CERTIFICATE OF DEATH

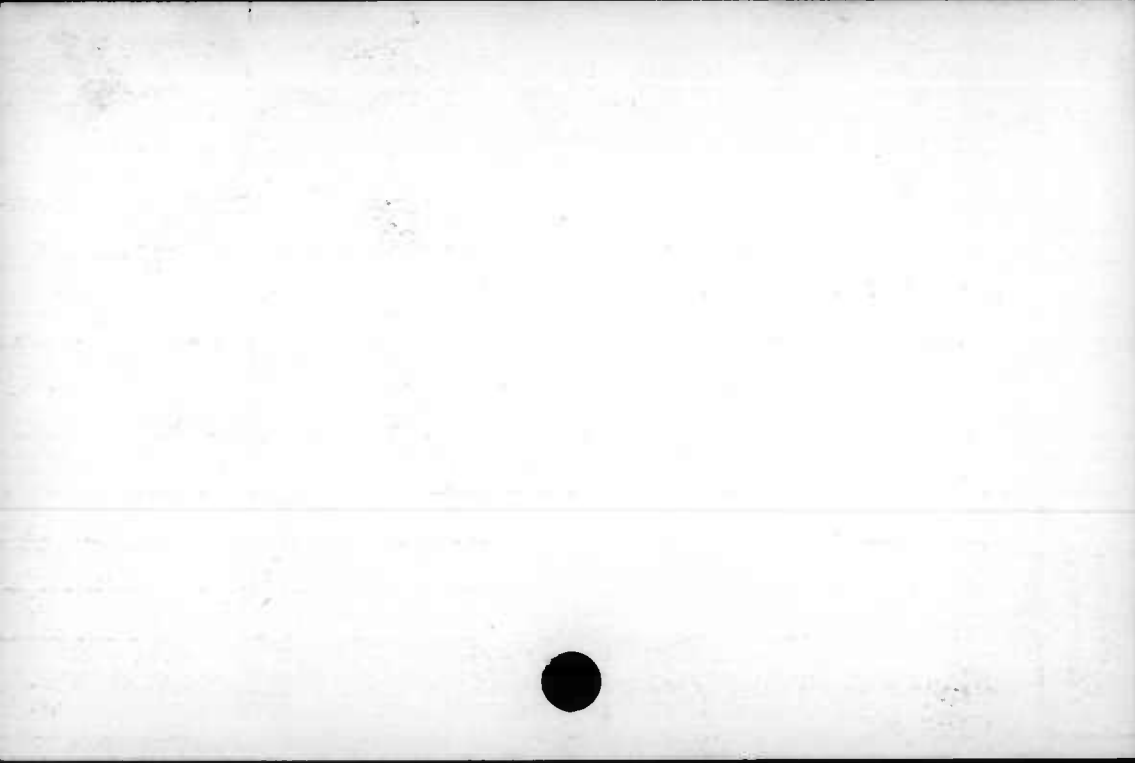
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Joseph Blain		Town Easton		County Talbot		State MARYLAND	
Died at Easton		Date of death 1905		Month Aug		Day 4	
Age 75		Years 75		Months 3		Days 1	
Sex Male		Color or Race White		Birthplace Alton Rigg, England			
Occupation Farmer		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband June Marie Hinchliffe					
Father's Name Robert Blain		Father's Birthplace Alton Rigg, England					
Mother's Maiden Name Mary Brinkman		Mother's Birthplace Melmerby, England					
Name of person giving information Robert Blain		How related to deceased Son					

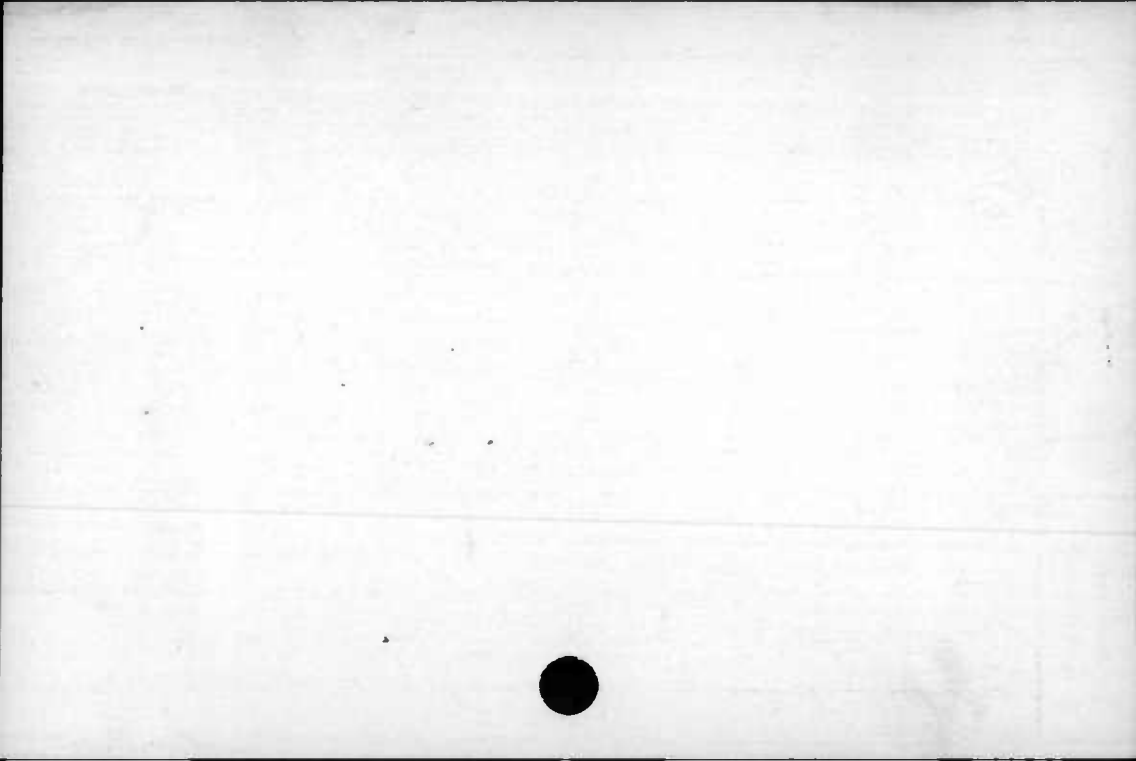
CAUSES OF DEATH

PHYSICIAN
OR CORONER

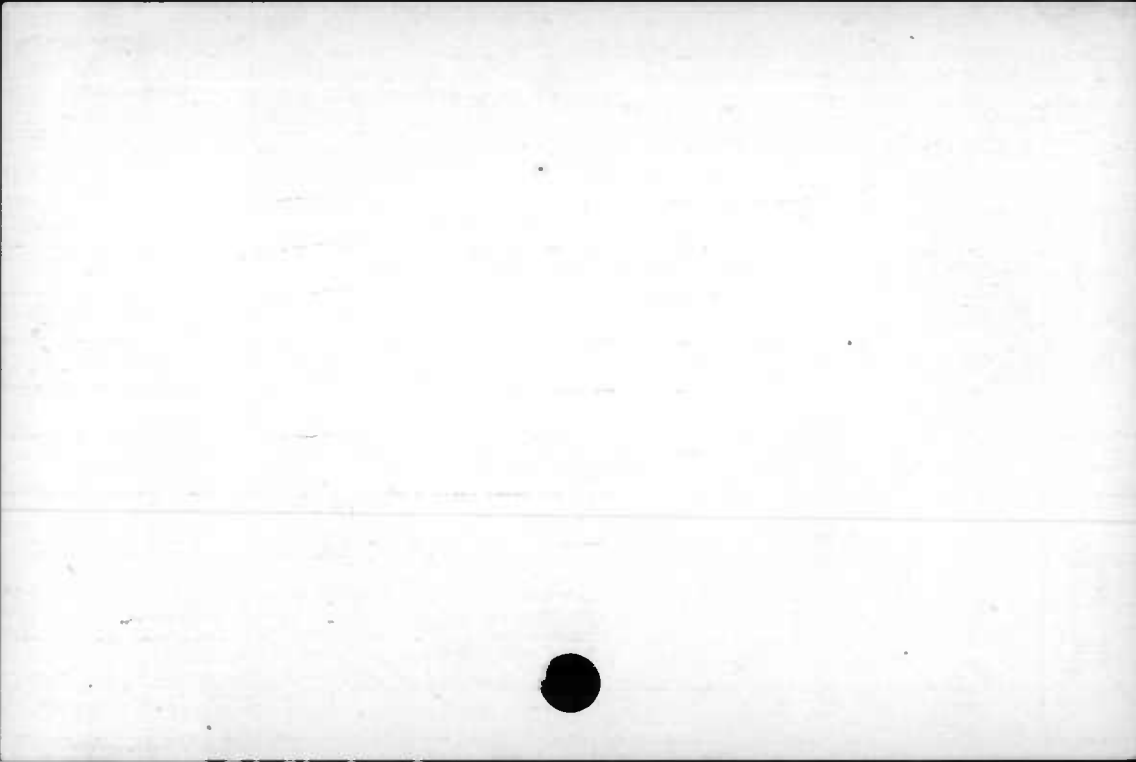
Primary Mitral Heart Disease		How long 3 yrs	
Immediate Droopy		How long 2 mos	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician [Signature]	
		Address Easton	
Accident or Suicide?			



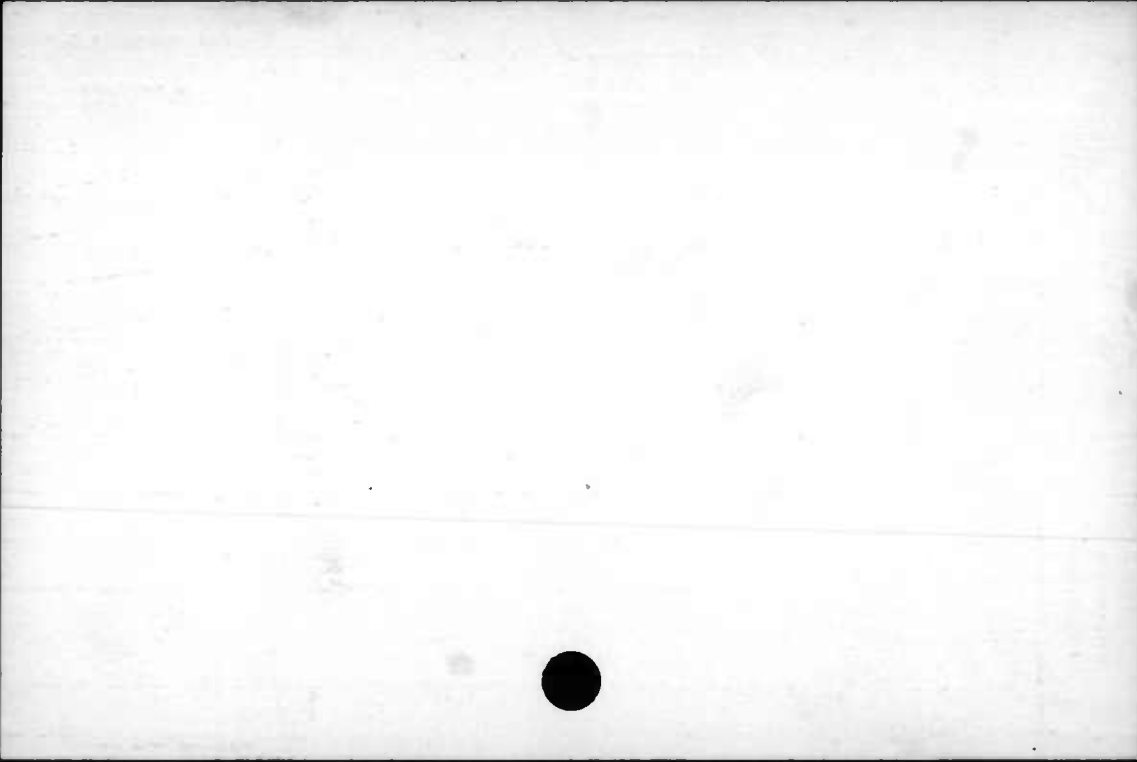
Name in Full Helen Mary Brown		Town Centur		County Indist		CERTIFICATE OF DEATH	
Died at Centur		Month Aug		Day 2		MARYLAND	
Date of death 1905		Age 3		Years 28		Months 3	
Sex Female		Color or Race White		Birth-place Centur			
Occupation —		Where Residing if not at place of death —					
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name Howard Q. Brown		Father's Birthplace Ind					
Mother's Maiden Name Nora V. Kelly		Mother's Birthplace Ind					
Name of person giving information H. V. Brown		How related to deceased Ind					
CAUSES OF DEATH							
Primary Centur - Indist		How long 2 weeks					
Immediate Exhaustion		How long 4 days					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician [Signature]		Address Centur Ind			
Accident or Suicide?							




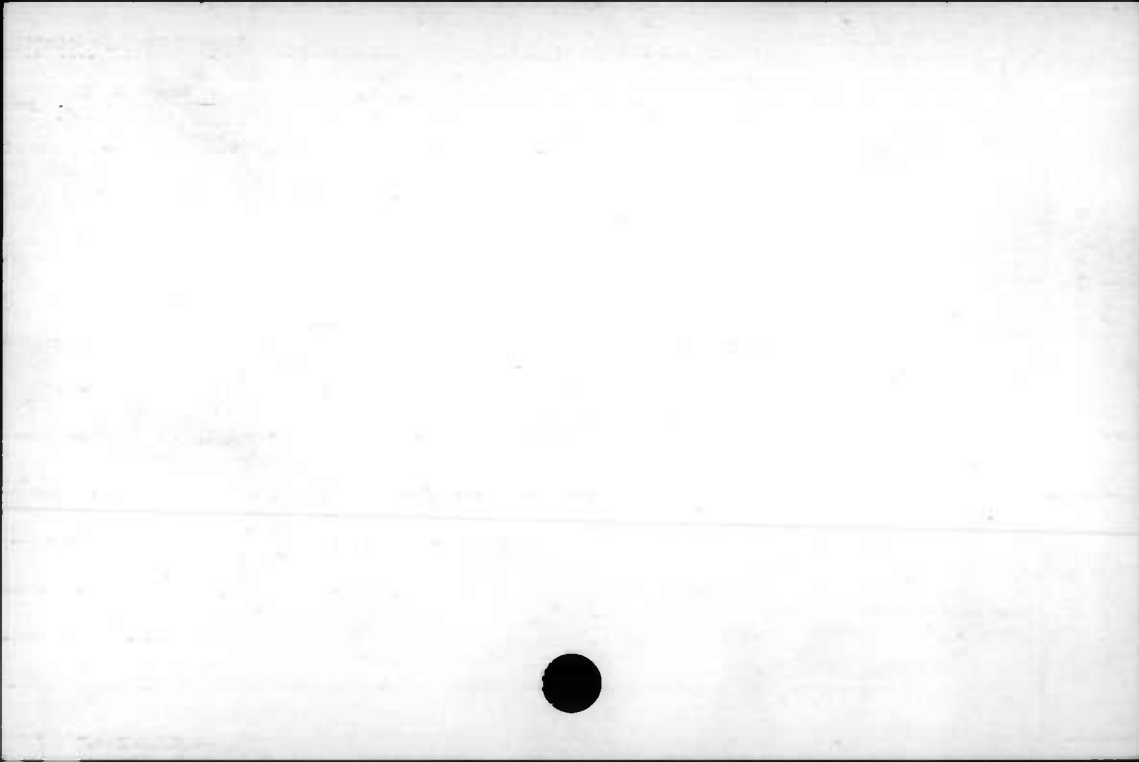
Name in Full		CERTIFICATE OF DEATH			
Lenora. Brummell		Town Trappe		County Talbot	
Died near		MARYLAND			
Date of death	1905	Month	8.	Day	19
Age	7	Years	7	Months	—
Sex	Female	Color or Race	negro	Birth-place	Talbot Co, Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	George H Brummell			Father's Birthplace	Talbot Co, Md
Mother's Maiden Name	Sarah Emily Camper			Mother's Birthplace	Talbot Co, Md
Name of person giving information	Geo. H Brummell			How related to deceased	Father
CAUSES OF DEATH					
Primary	Typhoid Fever			How long	4 weeks.
Immediate	Acute Nephritis			How long	3 days -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		Joseph A. Ross, M.D.			
Address		Trappe, Talbot Co. Md.			
Accident or Suicide?					



Name in Full John Whitcutt Carmine		CERTIFICATE OF DEATH	
Died at Euston Town		County Talbot	
Date of death 1905 Month August Day 2		Age 72 Years Months 7 Days 23	
Sex Male	Color or Race White	Birthplace Conline Co., Md	
Occupation Carpenter		Where Residing if not at place of death —	
Married, Single or Widowed Widowed	Name of Wife or Husband Sarah A. Carmine		
Father's Name Thomas Carmine	Father's Birthplace Caroline Co. Md		
Mother's Maiden Name Martina E. Whitcutt	Mother's Birthplace Caroline Co. Md		
Name of person giving information W. J. H. Wooters	How related to deceased Son in Law		
CAUSES OF DEATH			
Primary Arterio Sclerosis - Paralysis	How long 5 yrs		
Immediate Uremia -	How long 2 mos		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. B. Smith		
	Address Euston, Md		
Accident or Suicide?			



Name in Full		Henrietta Cephas				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Trappe		County Talbot		MARYLAND
	Date of death	1905	Month 8	Day 21	Age 30	Years	Months —
	Sex	Female		Color or Race	Negro		Birth-place Talbot Co. Md
	Occupation	—		Where Residing if not at place of death —			
	Married, Single or Widowed	Single		Name of Wife or Husband —			
	Father's Name	Robert Staunton				Father's Birthplace	Talbot Co. Md.
	Mother's Maiden Name	Elizabeth Moore				Mother's Birthplace	Talbot Co. Md
Name of person giving information	Thos Bailey				How related to deceased	Friend.	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Acute Dysentery				How long	10 days
	Immediate	Exhaustion				How long	—
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	Joseph A. Ross M.D.	
	Address		Trappe Talbot Co. Md				
Accident or Suicide? —							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William E. J. Chamberlin

MARYLAND

Died at ^{Town} St Michael

^{County} Talbot

Date of death 1905 Aug 27

Day 27

Age —

Months

Days

Sex Male

Color or Race Colored

Birthplace St Michael

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name W. E. Chamberlin

Father's Birthplace Talbot Co

Mother's Maiden Name Mary C. More

Mother's Birthplace Talbot Co

Name of person giving information Dr. E. Chamberlin

How related to deceased Father

CAUSES OF DEATH

Primary Jaundice

How long about 7 mks.

Immediate

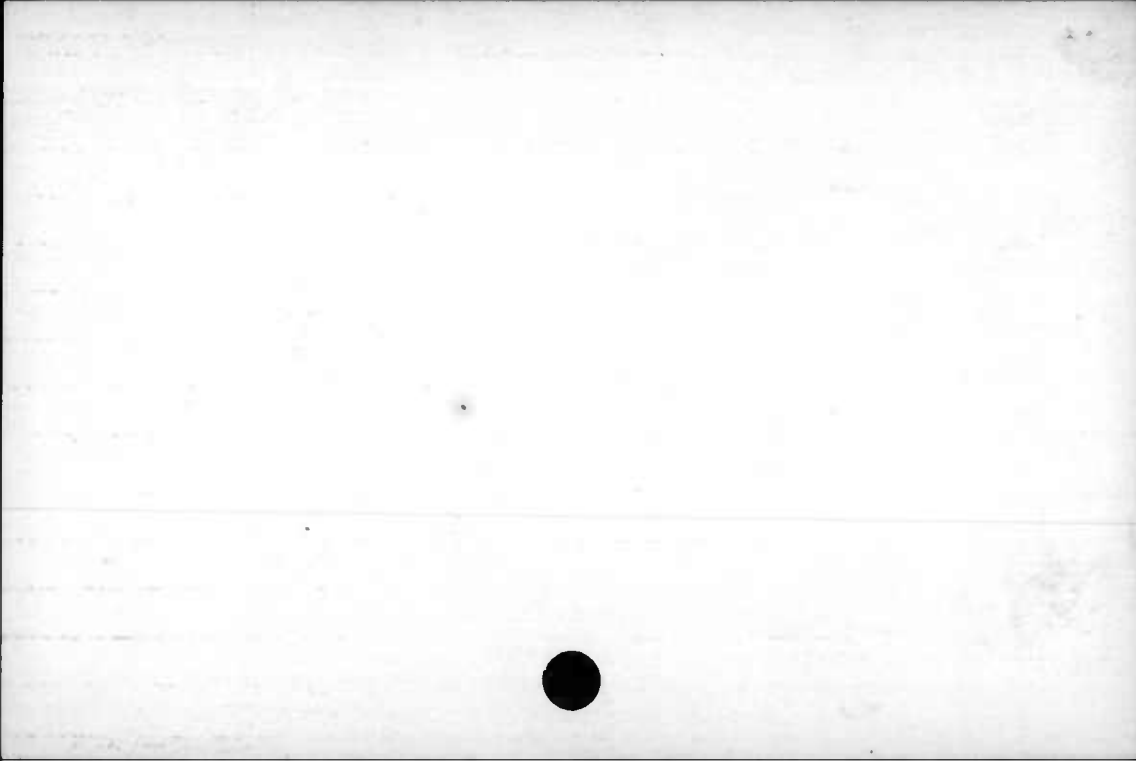
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. J. B. Smith
St Michael
Md

Accident or Suicide?



Name
in
Full

Priscilla Chan

30 Chapple

CERTIFICATE OF DEATH

Died at ^{Town} Chapin

County Talbot

MARYLAND

Date of death 1905 Aug

Day 28th

Age 15

Months

Days

Sex Female

Color or Race Colored

Birth-place Talbot Co. Md

Occupation Servant

Where Residing if not at place of death

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name W. J. Chan

Father's Birthplace Prince Georges, Md

Mother's Maiden Name Annie Richards

Mother's Birthplace Talbot Co. Md

Name of person giving information W. J. Chan

How related to deceased Father

CAUSES OF DEATH

Primary Pulmonary Tuberculosis

How long 18 mo

Immediate Rheumatism

How long a week

Are the name, age, sex, color, date and place correctly given above?

Yes

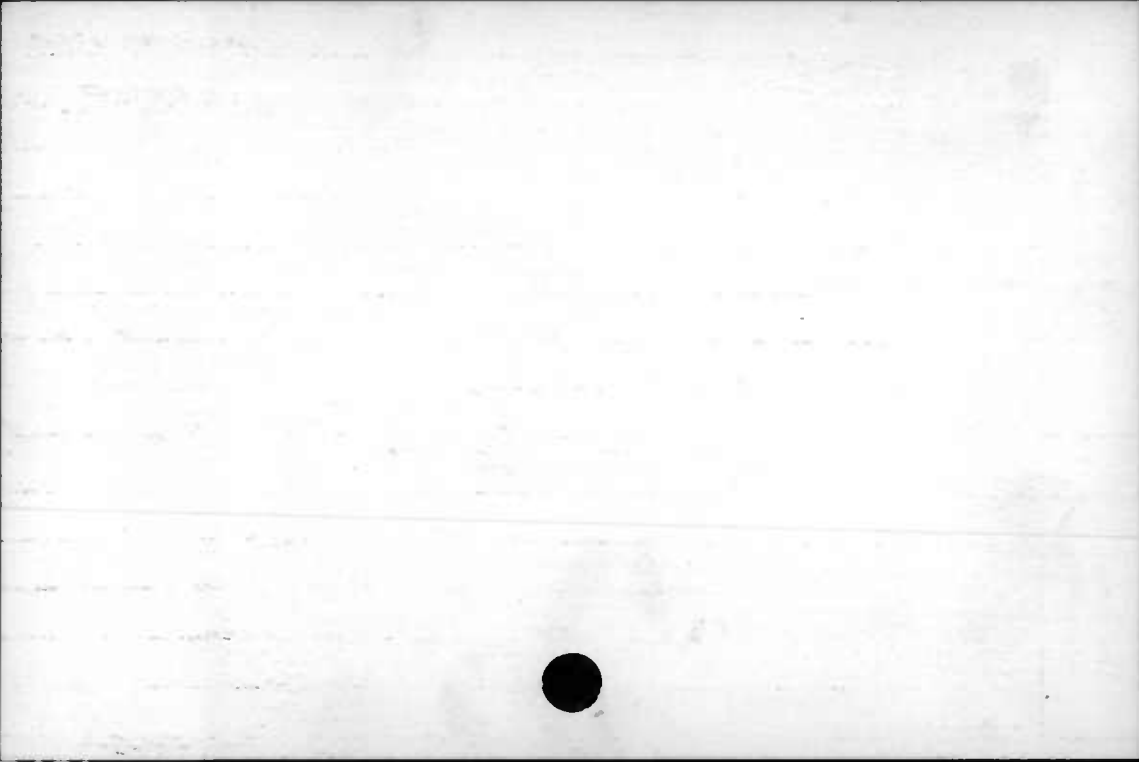
Signature of Physician

Address

Julius A. Johnson
Chapin, Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Challate

Pharmacy

Town

County

Died at

St. Michaels

Talbot

MARYLAND

Date

1905

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Aug-25

Age

48-5-13

Married

~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

None

Husband of

Daniel E. C. Pharmacy

Wife

Father's

Robert Miller

Mother's

Name

Name

Malinda Miller

Cause of

Primary

Paralysis

How long sick

about year

Death

Immediate

Heart failure

Accident, Suicide, Homicide

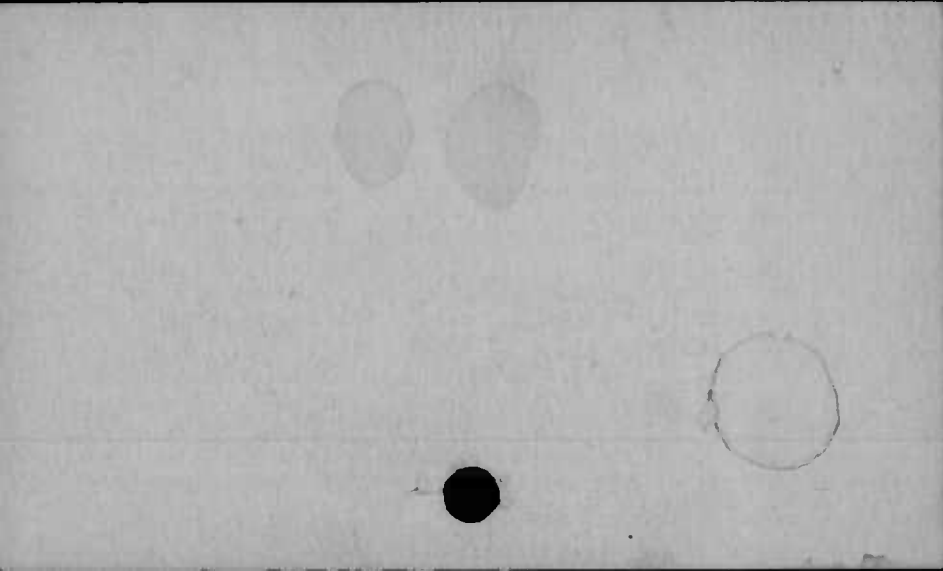
Reported by

Address

J. C. Williams
St. Michaels
Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65060



Name
in
Full

Howard Derish

CERTIFICATE OF DEATH

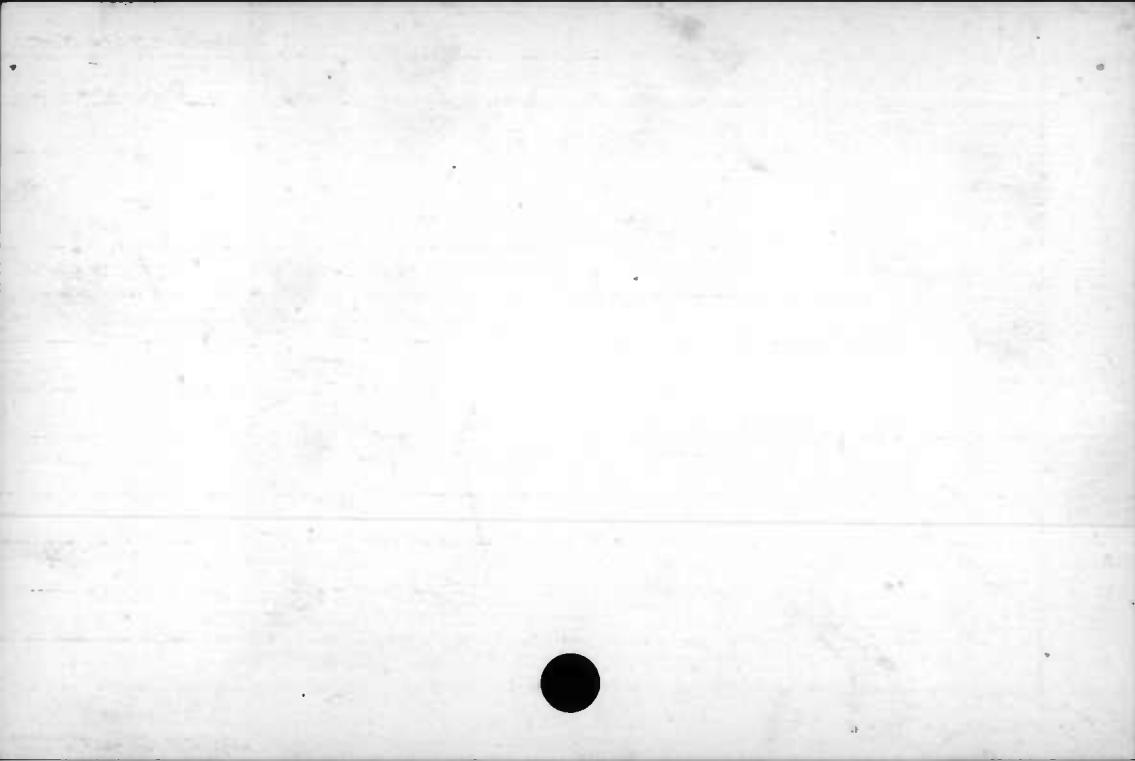
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Near Cordova</u> <small>Town</small>		<u>Calbot</u> <small>County</small>		MARYLAND	
Date of death <u>1905 Aug</u> <small>Month</small>		<u>11</u> <small>Day</small>	<u>12</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Near Cordova</u>		
Occupation			Where Residing if not at place of death		
Married, Single or <u>Widowed</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Perry Derish</u>			Father's Birthplace <u>Calbot Co</u>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <u>Alfred Stright</u> <u>(27)</u>			How related to deceased <u>No relations</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>Twelve mths</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. J. Fox</u>
	Address <u>Cordova Md.</u>
Accident or Suicide?	



Name
in
Full

- Still born

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Easton^{County} TalbotDate
of death 1905Month
8Day
4Age
Years 0Months
0Days
0

Sex Female

Color or
Race AfricanBirth-
place Easton

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Jas. T. Dolson

Father's
Birthplace

Talbot Co Md

Mother's
Maiden Name

Mary Chase

Mother's
Birthplace

Talbot Co Md

Name of person giving
information

Jas. T. Dolson

How related
to deceased

Father

CAUSES OF DEATH

Primary

Premature labor

How long

24 hrs.

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

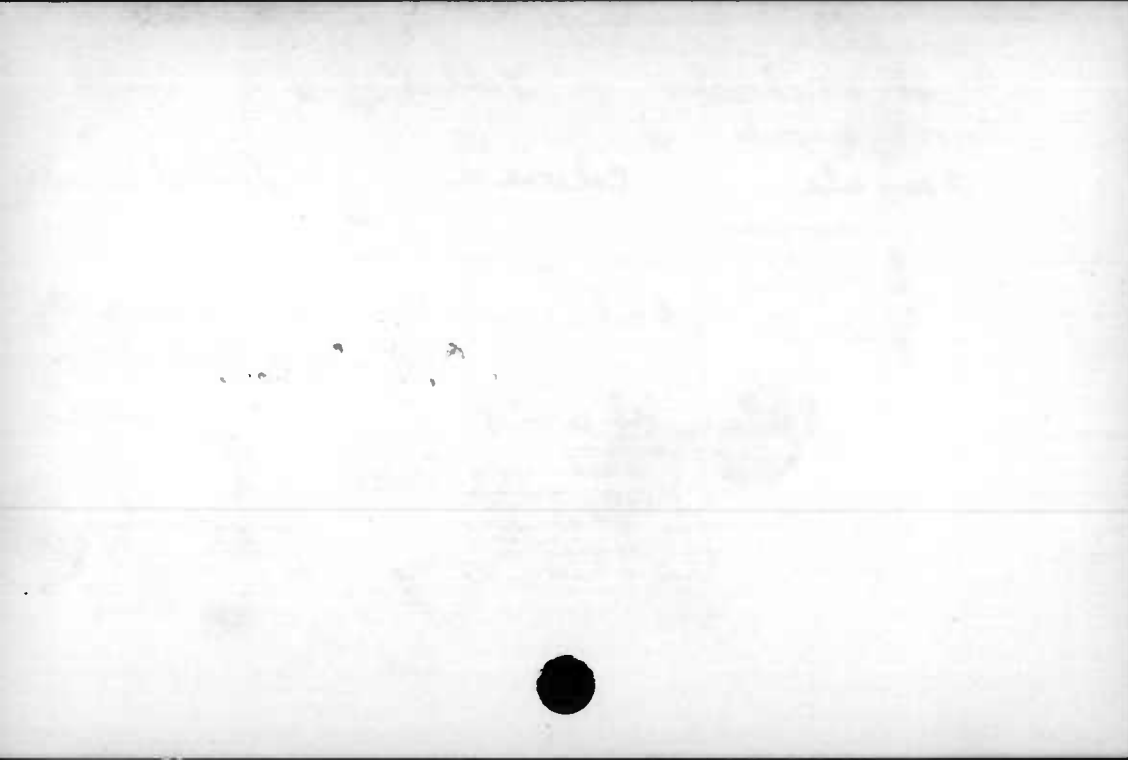
Address

J. S. O'Brien MD

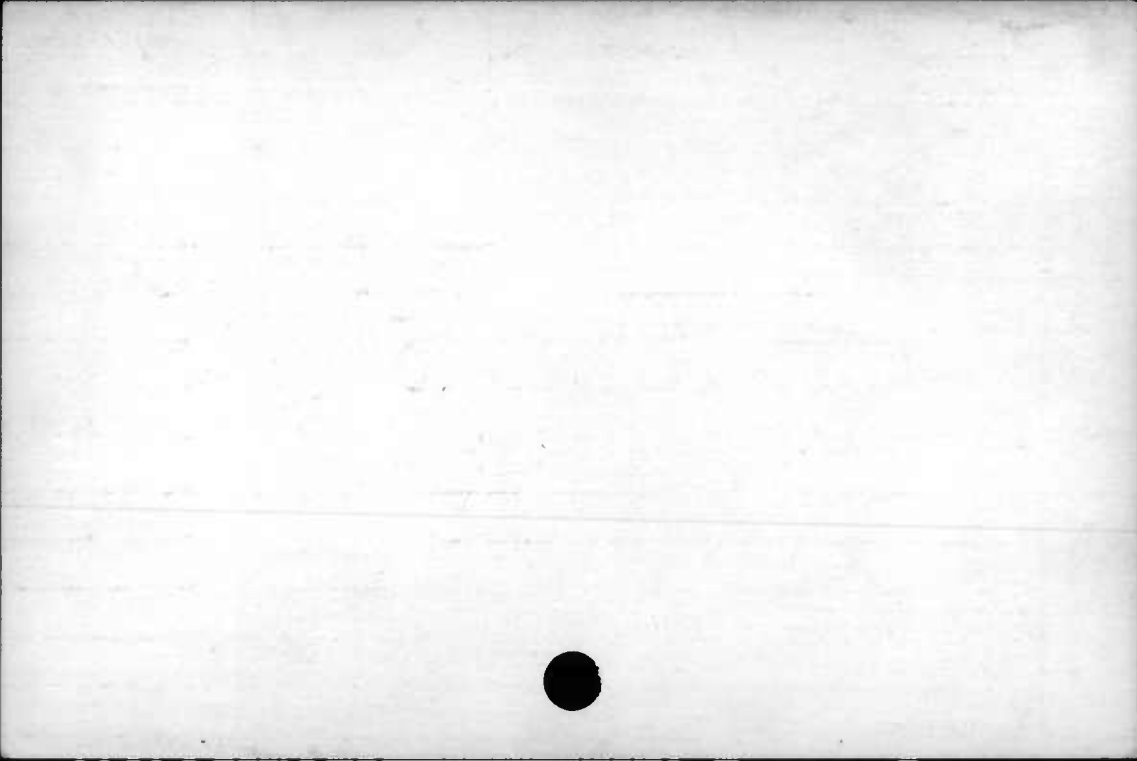
Easton Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		Gennella Eason				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Tcw St. Michaels		County Talbot County		MARYLAND	
	Date of death	1905	Month August	Day 4	Age 13	Months 6	Days 27
	Sex	Female		Color or Race	Colored		
	Occupation	none		Where Residing if not at place of death		Talbot County	
	Married, Single or Widowed	Single		Name of Wife or Husband		-	
	Father's Name	George Askins		Father's Birthplace		Talbot Co	
	Mother's Maiden Name	Annie Eason		Mother's Birthplace		Talbot Co	
PHYSICIAN OR CORONER	Name of person giving information	Julia Davis		How related to deceased		Friend	
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Typhoid fever			How long 2 weeks		
	Immediate	Heart Atheria			How long 48 hrs		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician A. Blasecock		
					Address St. Michaels Md		
Accident or Suicide?		-					



Name
in
Full

CERTIFICATE OF DEATH

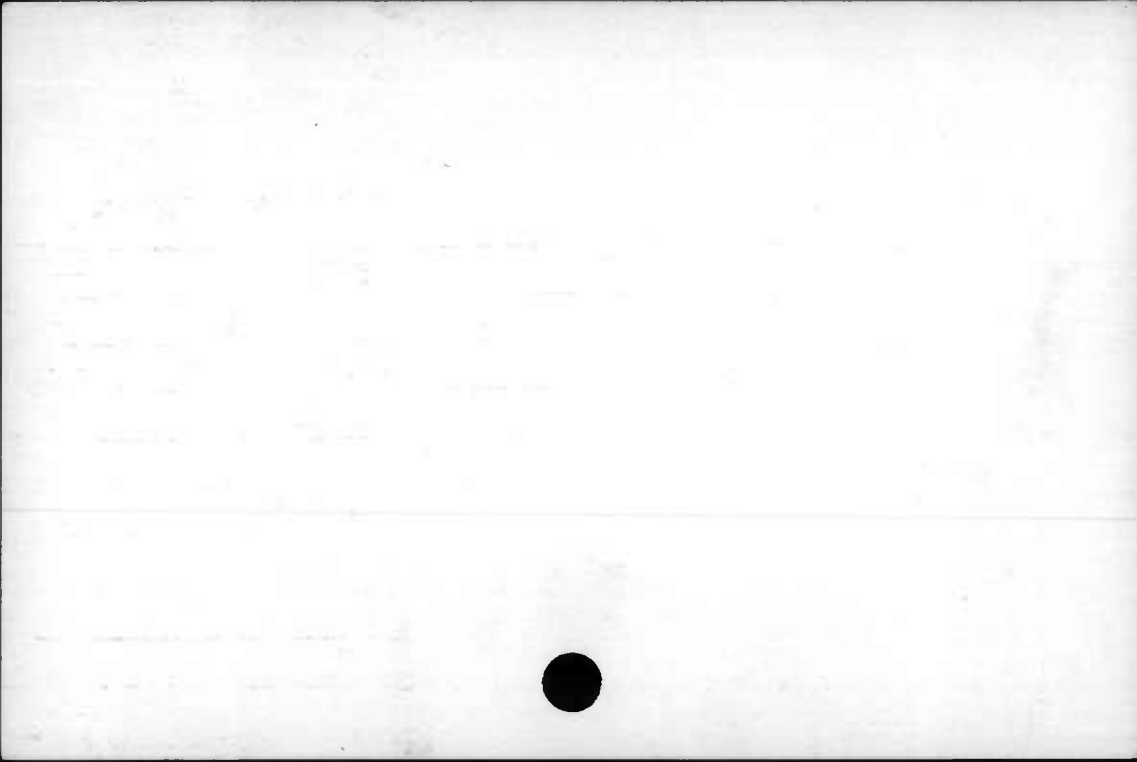
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Addison Fletcher		County		Talbot		MARYLAND	
Date of death		1905		Month		Aug		Day	
Sex		male		Color or Race		african		Age	
Occupation		Farm hand		Where Residing if not at place of death		Talbot Co.		Months	
Married, Single or Widowed		Single		Name of Wife or Husband		Talbot Co.		Days	
Father's Name		Samuel M. Fletcher		Father's Birthplace		Md.			
Mother's Maiden Name		Henrietta Wilson		Mother's Birthplace		Md.			
Name of person giving information				How related to deceased		(21)			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Tuberculosis & Pythias		How long		1 year	
Immediate		Exhaustion		How long		1 month	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Wm S. Seymour	
Accident or Suicide?		no		Address		Talbot	



Name
in
Full

Charles Bonn Flower

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Easton</u> Town			<u>Talbot</u> County			MARYLAND	
Date of death <u>14</u> <u>1906</u>	Month <u>Aug</u>	Day <u>Monday</u>	Age <u>56</u>	Years	Months	Days <u>2</u>	
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Localm County</u>				
Occupation <u>Carpenter</u>			Where Residing if not at place of death <u>X</u>				
Married, Single or Widowed <u>Married</u>			Name of Wife or Husband <u>Lula Flower</u>				
Father's Name <u>William Flower</u>			Father's Birthplace <u>Localm County</u>				
Mother's Maiden Name <u>Maria Rumble</u>			Mother's Birthplace <u>Localm County</u>				
Name of person giving Information <u>R. W. Flower</u>			How related to deceased <u>Brother</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Visceral Ectofistula</u>	How long <u>3 months</u>
Immediate <u>General Asthenia</u>	How long <u>one week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. R. L. Jones</u>
	Address <u>Easton - Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Bauk Fountain

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Easton</u> Town		<u>Talbot</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>Aug</u>	Day <u>1</u>	Age <u>1</u>	Years <u>1</u>	Months <u>1</u> Days <u>0</u>
Sex <u>Male</u>	Color or Race <u>Negro</u>	Birth-place <u>Easton Md</u>			
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>?</u>		Father's Birthplace <u>?</u>			
Mother's Maiden Name <u>Margaret Fountain</u>		Mother's Birthplace <u>Easton, Md</u>			
Name of person giving information <u>Margaret Fountain</u>		<input checked="" type="checkbox"/> Now related to deceased		<u>Mother</u>	

CAUSES OF DEATH

Primary I saw child first - early time How long
June 15th 05 - then it had Cholera Infantum
Mother says this continued until death. How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

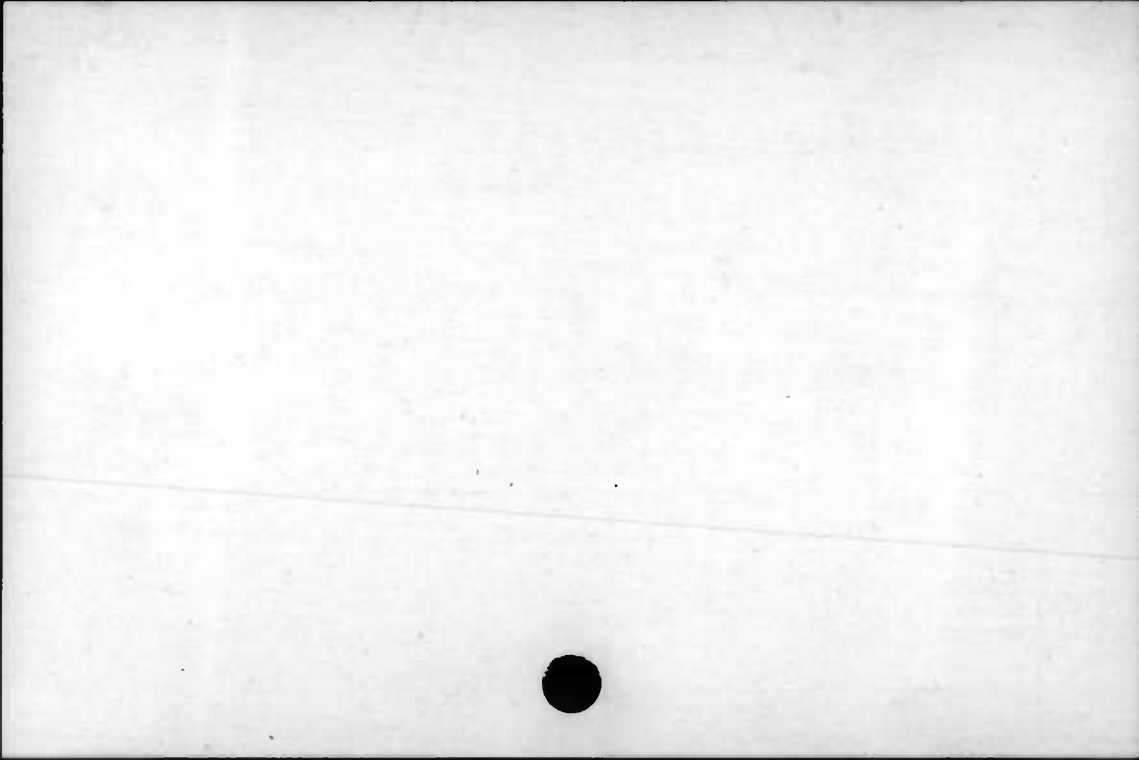
Signature of Physician

Chas. Davidson

Address

Easton Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Day Town* *Talbot* CountyDate of death *1905* *Aug* *31* Age *18* Months *7* Days *4*Sex *Female* Color or Race *C Black* Birthplace *Day Town*Occupation *housewife* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *William Gibson*

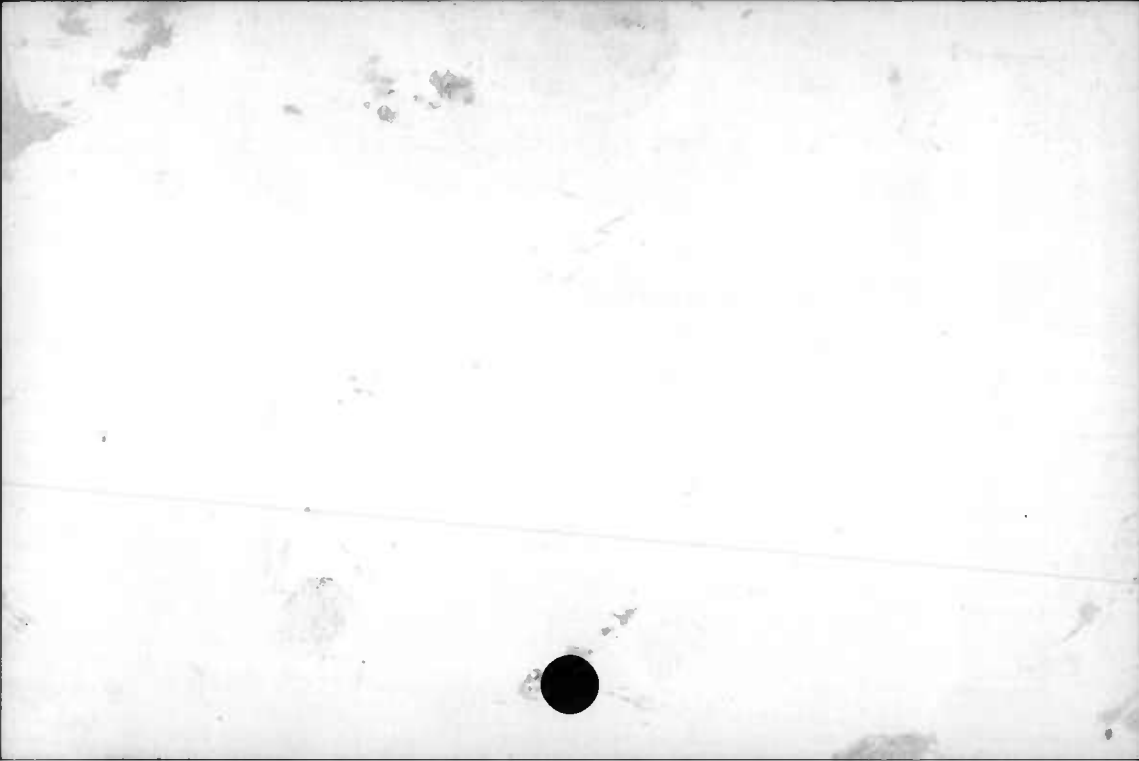
Father's Name Father's Birthplace

Mother's Maiden Name *Anna H. Young* Mother's Birthplace *Day Town*Name of person giving Information *Isaac Blake* How related to deceased *Brother*

CAUSES OF DEATH

Primary *95* How long *5 months*Immediate *Hemiplegia*Are the name, age, sex, color, date and place correctly given above? *yes.*Signature of Physician *A. A. Hughes*Address *Wilder Oak*
Easton Md

Accident or Suicide?



Name
in
Full

Zachariah Gloves

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Minville*^{County} *Tadm-*Date of death *1905 Aug*Day *12*Age *61*

Months

Days

Sex *Male*Color or
Race*Colored*Birth-
place*Tenn Am Co Ind*

Occupation

*Laborer*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Ann Maria Gloves*Father's
Name*Perz Gloves*Father's
Birthplace*Tenn Am Co Ind*Mother's
Maiden Name*Jessie Jones*Mother's
Birthplace*Tenn Am Co Ind*Name of person giving
In formation*Ann Maria Gloves*How related
to deceased*Wife*

CAUSES OF DEATH

Primary

Bright's + Valvula Heart-disease

How long

18 hrs

Immediate

Exhaustion

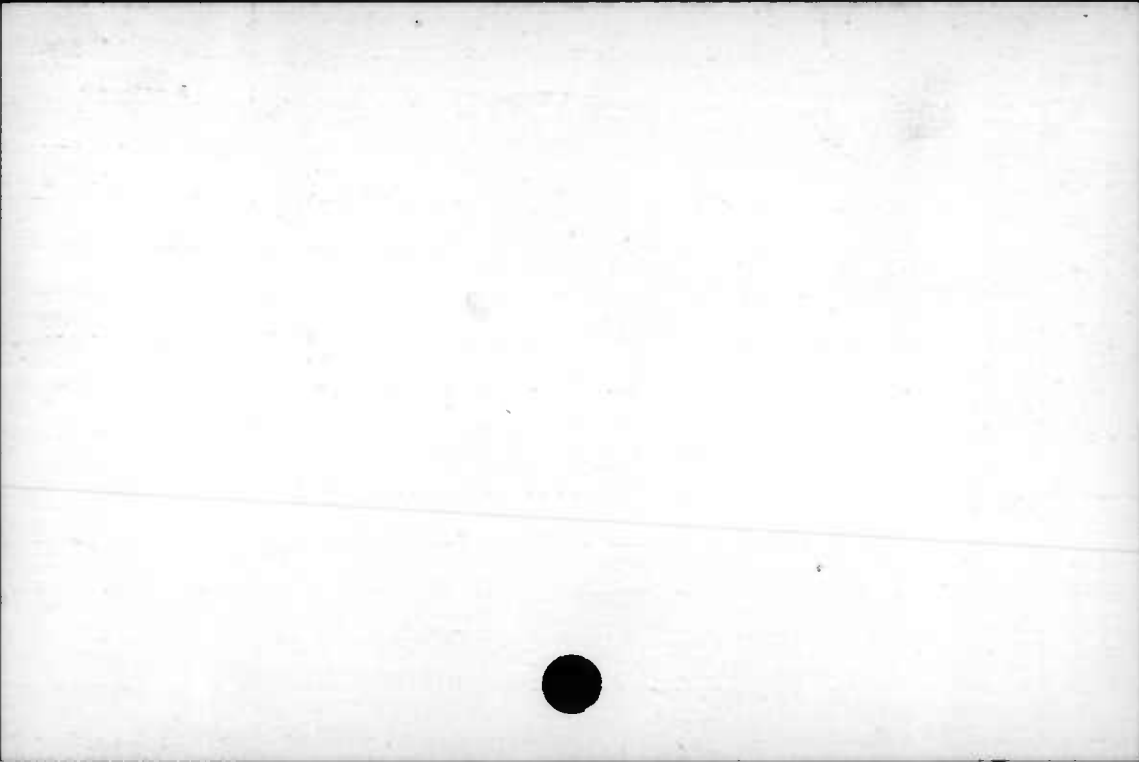
How long

*2 days*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*Julius A. Johnson**Easton**Ind*

Accident or Suicide?



Name
in
Full

Kake Hammond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Easton Town Walt CountyDate of death 1905 August 10 Age 17 Month one Days 18Sex Female Color or Race White Birth-place near Cordova

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____Father's Name A. H. HammondFather's Birthplace North Eastond.Mother's Maiden Name Martha GoodingMother's Birthplace New CastleName of person giving Information C. P. HammondHow related to deceased Brother

CAUSES OF DEATH

Primary Typhoid Fever How long 7 weeksImmediate Collapse How long 2 days

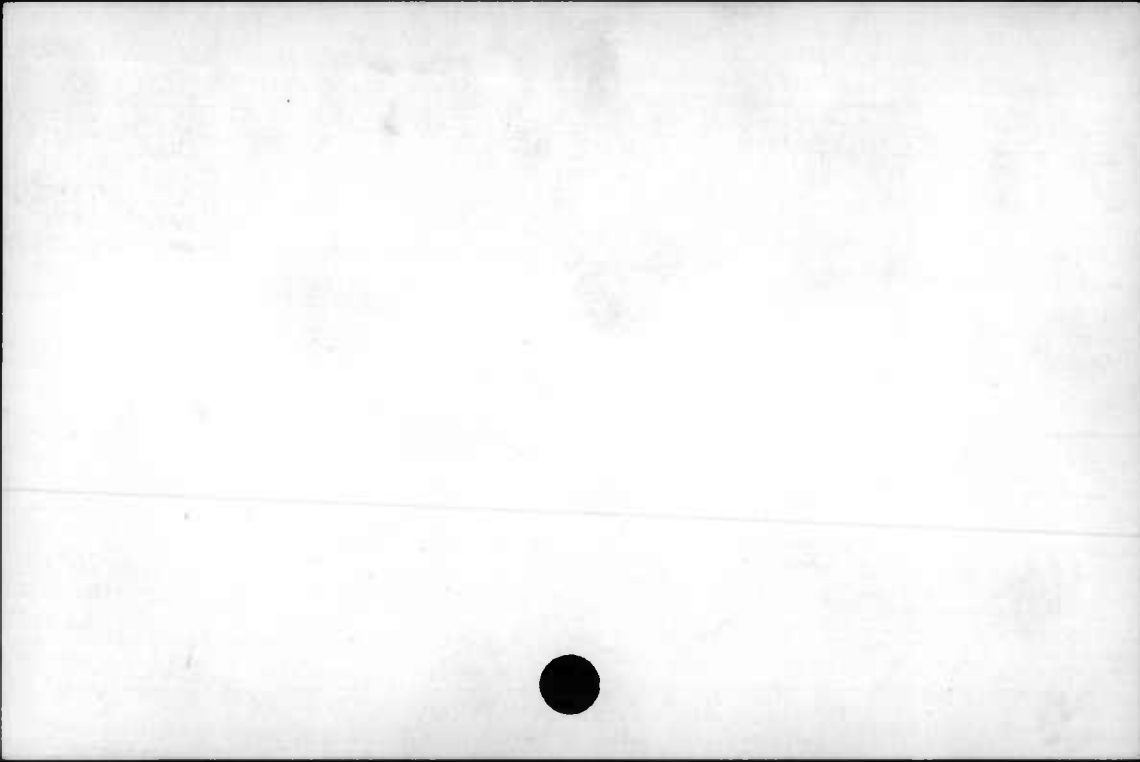
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Joseph S. Harrison
Easton, Md.

Accident or Suicide?



Name
in
Full

Jenkins (mother's name (m.d.))

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

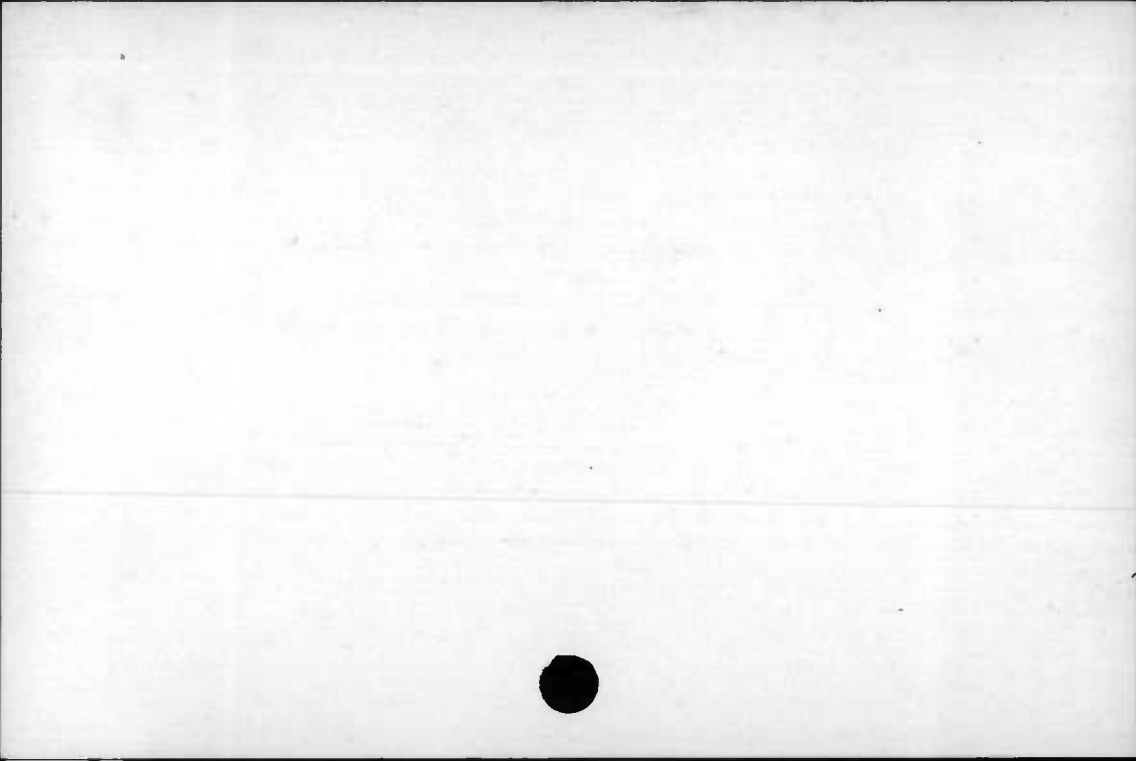
MARYLAND

Died at <u>Carlton</u> ^{Town}		<u>Del Art</u> ^{County}			
Date of death <u>1905</u>	Month <u>Aug</u>	Day <u>16</u>	Age <u>0</u>	Years <u>0</u>	Months <u>0</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Easton</u>		
Occupation <u>X</u>			Where Residing if not at place of death <u>X</u>		
Married, Single or Widowed <u>Single</u>		Name of wife or Husband <u>X</u>			
Father's Name <u>Don't Know</u>		Father's Birthplace <u>X</u>			
Mother's Maiden Name <u>Laura Jenkins</u>		Mother's Birthplace <u>Easton</u>			
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <u>X</u>
Immediate <u>Dead born</u>	How long <u>X</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Henristia Butler</u>
	Address <u>Midway Easton</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Baby Wm Johns

Town

County

Died at

near Queen Anne Tablet

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1905

8

4

Age

—

—

10 hours

Sex

Male

Color or
Race

Colored

Birth-
place

near Queen Anne

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Wm Johns

Father's
Birthplace

near Trappe

Mother's
Maiden Name

Lottie Housary

Mother's
Birthplace

Hillsboro

Name of person giving
In formation

Father

How related
to deceased

—

CAUSES OF DEATH

Primary

Premature

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

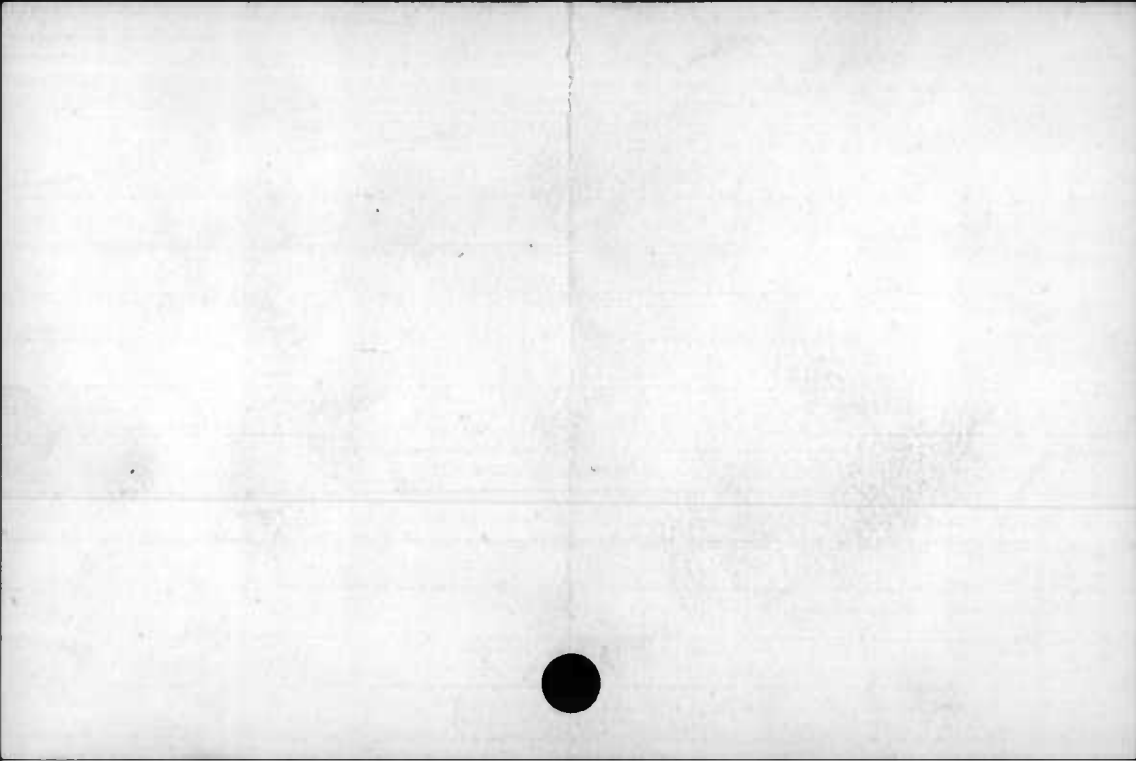
Dr. Robley Hackett

Address

Queen Anne
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

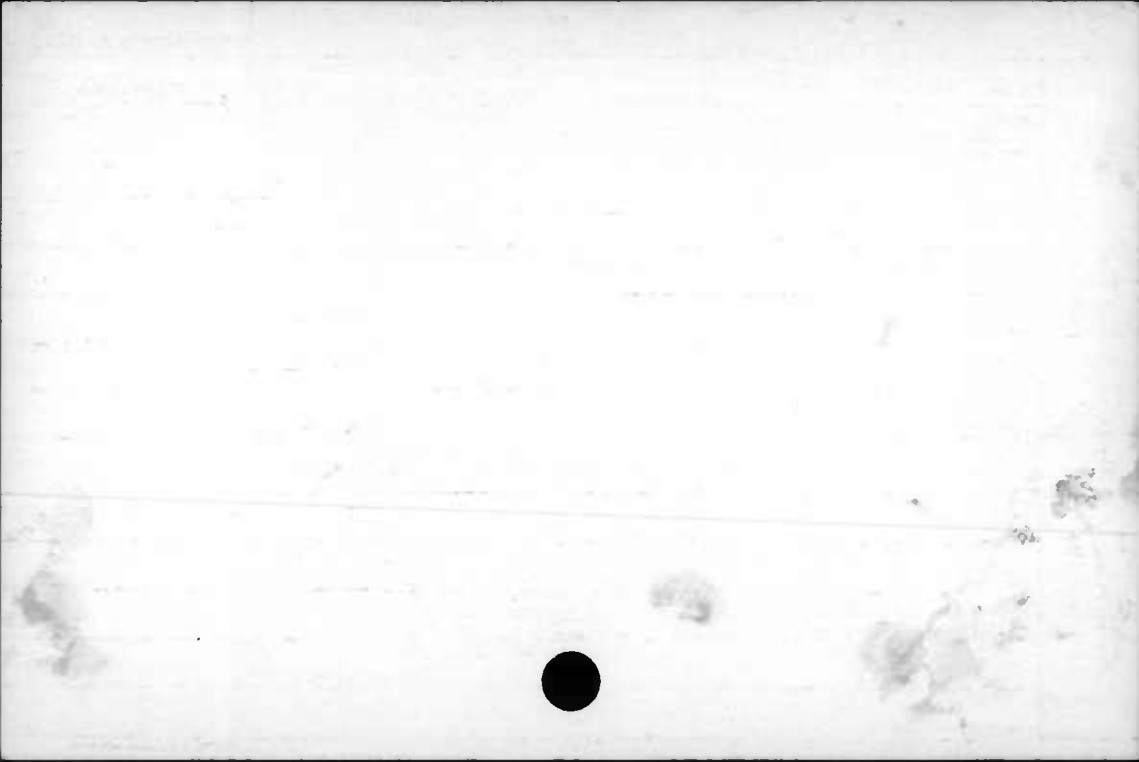
TO BE ANSWERED BY
NEAREST FRIEND

John W. J. McQuay		Town		County		MARYLAND	
Died at		Brazoria		Talbott			
Date of death		Month	Day	Age	Years	Months	Days
1905 Aug		25	26	7	12		
Sex	Male	Color or Race	White	Birth-place	Talbott	B	
Occupation	Cryslman	Where Residing if not at place of death		Brazoria			
Married, Single or Widowed	Married	Name of Wife or Husband		Hora McQuay			
Father's Name	Robert - H. McQuay			Father's Birthplace	Talbott		
Mother's Maiden Name	Josephine James			Mother's Birthplace	Talbott		
Name of person giving information	R. H. McQuay			How related to deceased	Father		

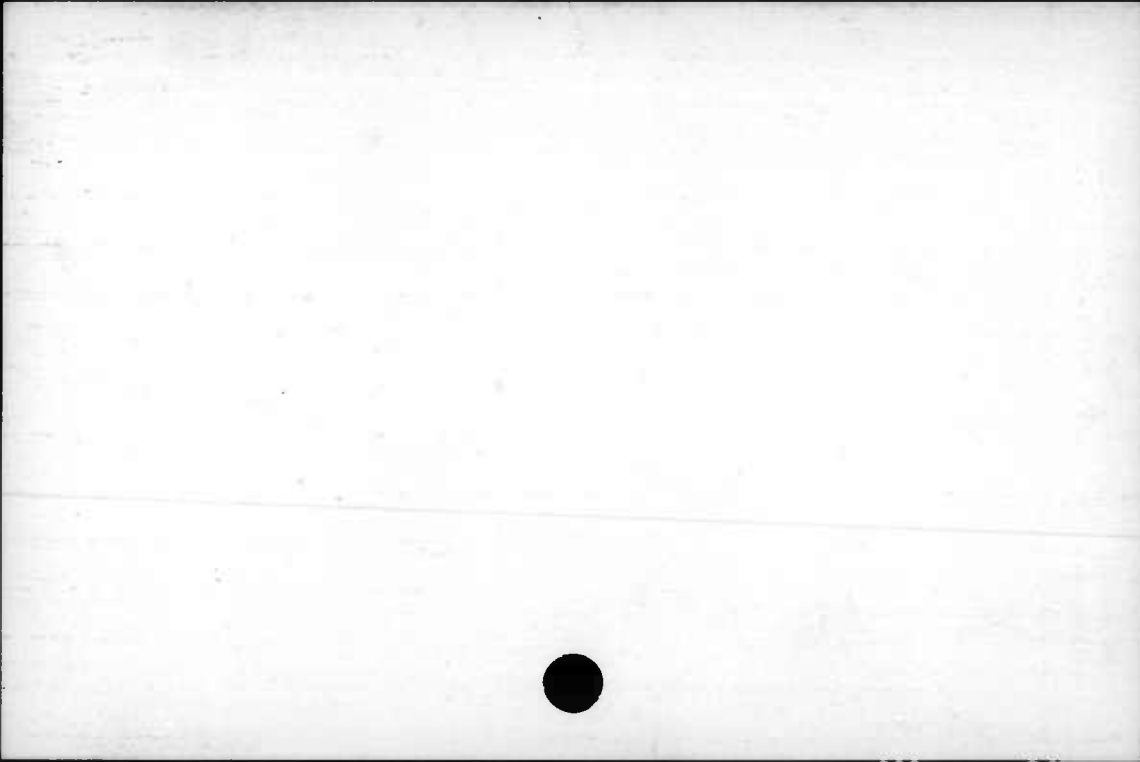
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typho-Malarial Fever	How long	about 3 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature Physician	Dr. J. B. Sill
		Address	R. Michael
			Ind
Accident or Suicide?			



Name in Full		Sarah E. Matthews				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Coastin ^{Town}		Fallin ^{County}		MARYLAND
	Date of death		1905	Month	Aug	Day	4th
	Sex		Female		Color or Race		White
	Occupation		Housewife		Where Residing if not at place of death		—
	Married, Single or Widowed		Married		Name of Wife or Husband		Jas. A. Matthews
	Father's Name		Jesse Bullen		Father's Birthplace		Fallin Co Md
	Mother's Maiden Name		Mary Cerkran		Mother's Birthplace		Dorchester Co Md
Name of person giving information		Jas. A. Matthews		How related to deceased		Husband	
CAUSES OF DETH							
PHYSICIAN OR CORONER	Primary		Paralysis Agitans		How long		3 years
	Immediate		Exhaustion		How long		Four days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Julius A. Johnson
	Address		Coastin		Md		
Accident or Suicide?							



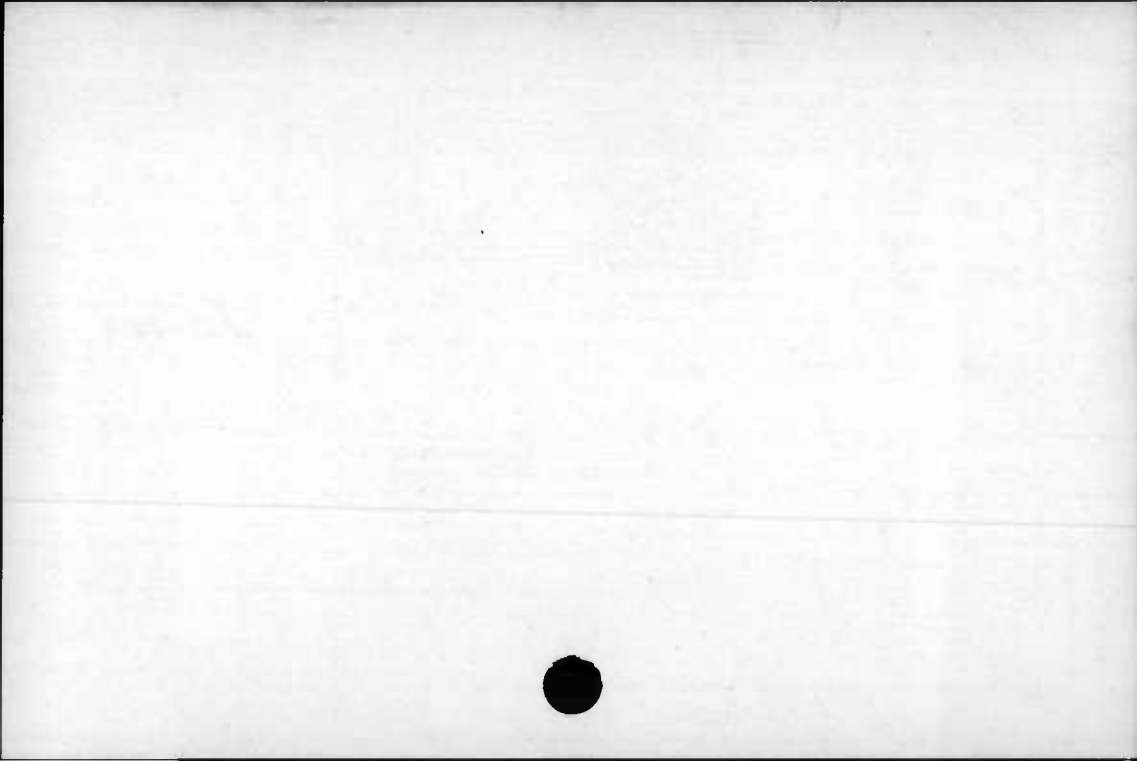
Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

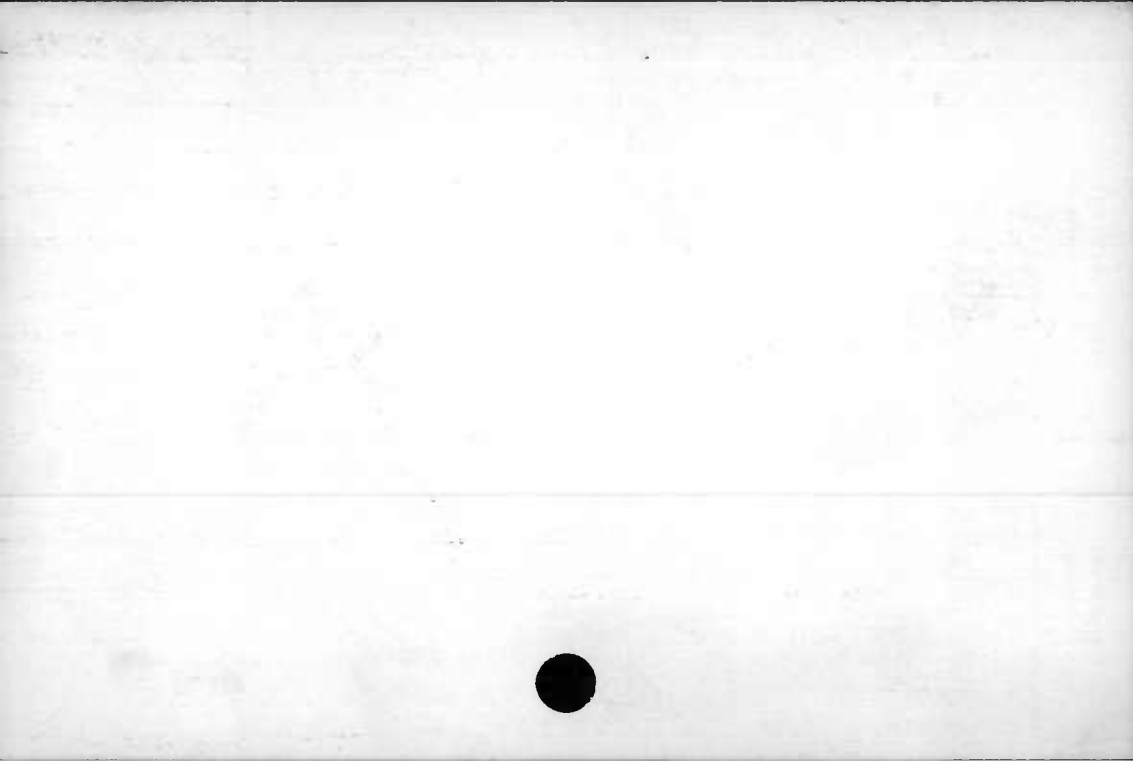
Died at <i>Easton</i> ^{Town}		<i>Salisbury</i> ^{County}		MARYLAND	
Date of death <i>1905</i> ^{Month} <i>Aug</i> ^{Day} <i>7</i>		Age <i>2</i> ^{Years}		Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>		
Occupation <i>X</i>		Where Residing if not at place of death <i>X</i>			
Married, Single or Widowed		Name of Wife or Husband <i>X</i>			
Father's Name <i>Gas. Miller</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Alberta Golacabough</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Alberta Miller</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

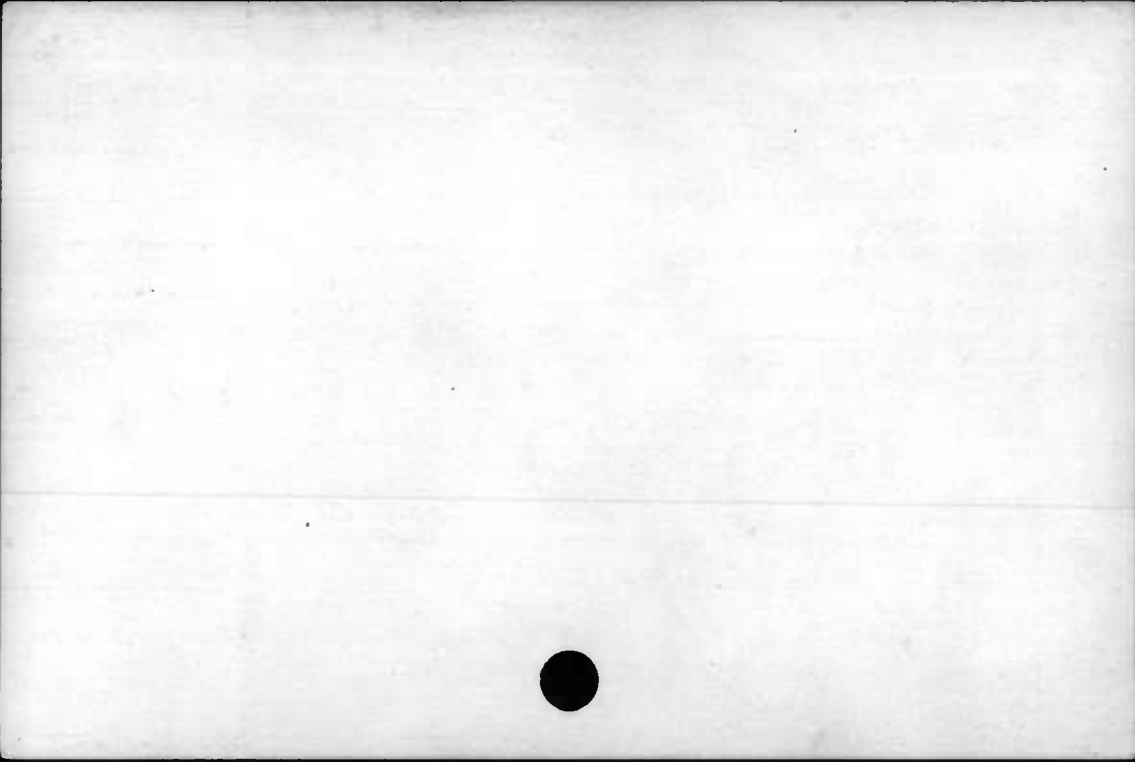
Primary <i>Sick Stomach</i>	How long <i>104</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>No Physician</i>
	Address <i>John B. Fairbank Sub Registrar Easton</i>
Accident or Suicide?	



Name in Full Mr. H. H. Pactorfield		Town Grapple		County Talbot		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at Grapple		Date of death 1905		Month Aug		Day 23	
	Age 64		Years 2		Months 28		Days 28	
	Sex Male		Color or Race White		Birthplace Talbot		3	
	Occupation Mechanic		Where Residing if not at place of death					
	Married, Single or Widowed Married		Name of Wife or Husband C. V. Pactorfield					
	Father's Name John D. Pactorfield		Father's Birthplace Talbot					
Mother's Maiden Name Sarah Ann Fulkner		Mother's Birthplace Talbot						
Name of person giving information Magdalen Pactorfield		How related to deceased Daughter						
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary Cardiac hypertrophy		How long 2 yrs					
	Immediate acute dilatation		How long few minutes					
	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W. S. Seymour					
			Address Grapple					
Accident or Suicide?								



Name in Full		Alex. H. Radcliffe Jr				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} St. Michaels		^{County} Talbot		MARYLAND		
	Date of death 1903	Month Aug	Day 28	Age -	Months 8	Days -	
	Sex Male	Color or Race White		Birth-place St. Michaels Md			
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed Single	Name of Wife or Husband -					
	Father's Name Alex. H. Radcliffe	Father's Birthplace St. Michaels Md					
PHYSICIAN OR CORONER	Mother's Maiden Name Corinne B. Willey		Mother's Birthplace St. Michaels Md				
	Name of person giving information Chas. E. Willey		How related to deceased Grand-Son				
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary Enterocolitis		How long 4 weeks				
	Immediate Genial Asthenia		How long 2 weeks				
	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician A. B. Glascock				
			Address St. Michaels Md				
	Accident or Suicide?						



Name
in
Full

Beatrice Roberts

CERTIFICATE OF DEATH

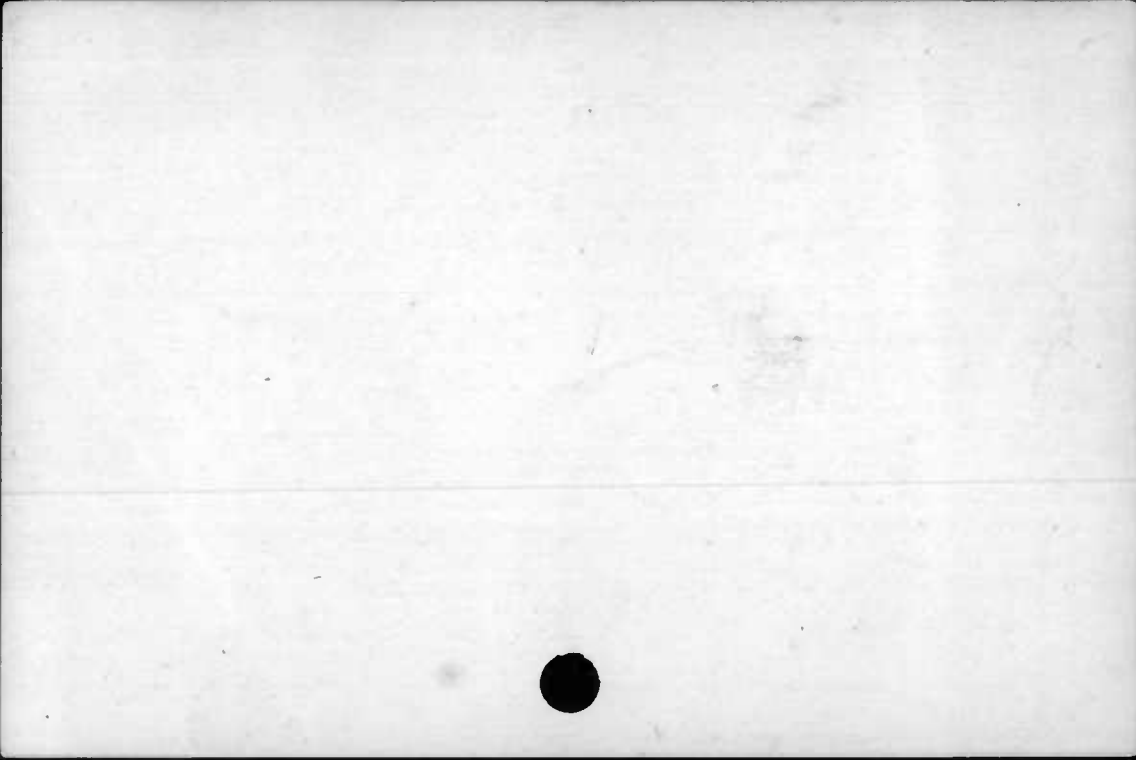
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Michaels</i>		Town <i>Talbot</i>		County		MARYLAND	
Date of death <i>1905 Aug</i>		Month	Day <i>3</i>	Age	Years	Months	Days <i>15</i>
Sex <i>Female</i>		Color or <i>Negro</i>		Birth-place <i>St Michaels Md</i>			
Occupation				Where Residing if not at place of death			
Married , Single <i>Single</i>		Name of Wife or Husband <i>None</i>		Father's Birthplace <i>New St Michaels</i>		Mother's Birthplace <i>Somerset Co</i>	
Father's Name <i>Orvin Roberts</i>		Mother's Maiden Name <i>Edith Miles</i>		Name of person giving information <i>Edith Roberts</i>		How related to deceased <i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>two days</i>
Immediate <i>Same</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. C. O. Davis</i>
	Address <i>St Michaels Md</i>
Accident or Suicide?	



Name
in
Full

Thomas Chaplain Stevens

CERTIFICATE OF DEATH

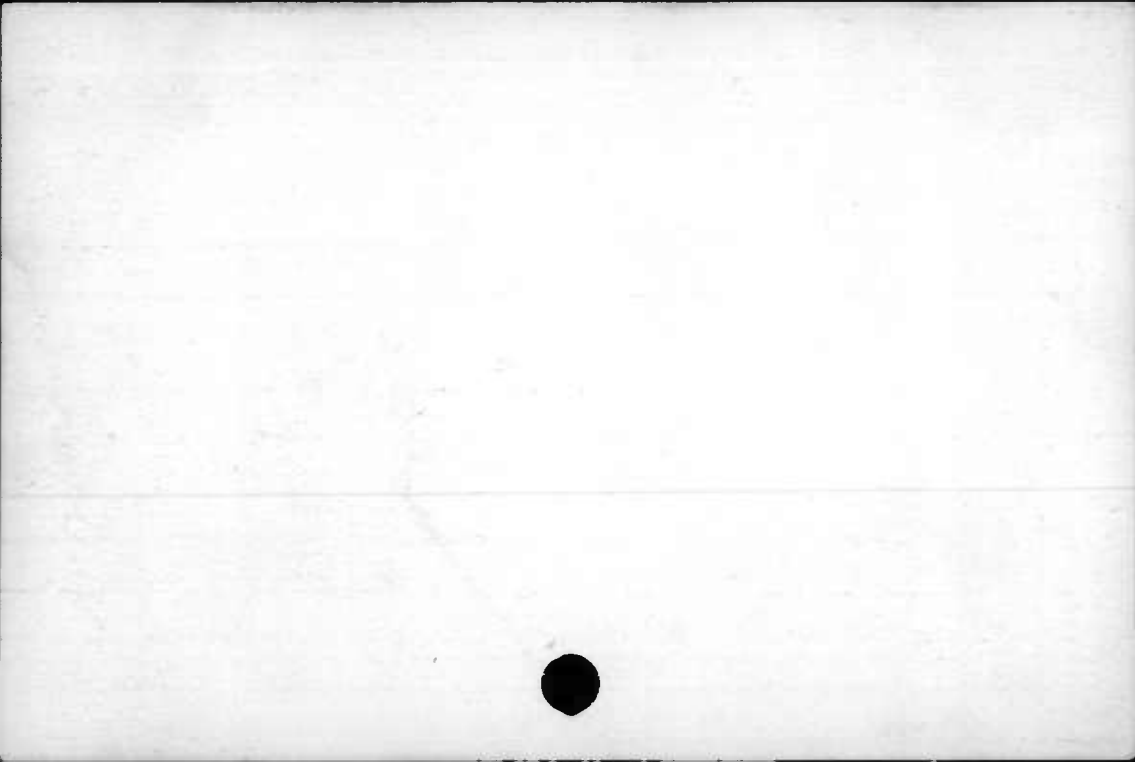
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Trappe		County Talbot		MARYLAND	
Date of death		1905	Month Aug.	Day 10	Age 4	Years 4	Months 3
Sex male		Color or Race American		Birth-place Baltimore			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Thos. C. Stevens				Father's Birthplace Talbot Co.			
Mother's Maiden Name Bessie C. Mullikin				Mother's Birthplace Talbot Co.			
Name of person giving information George Stevens				How related to deceased uncle			

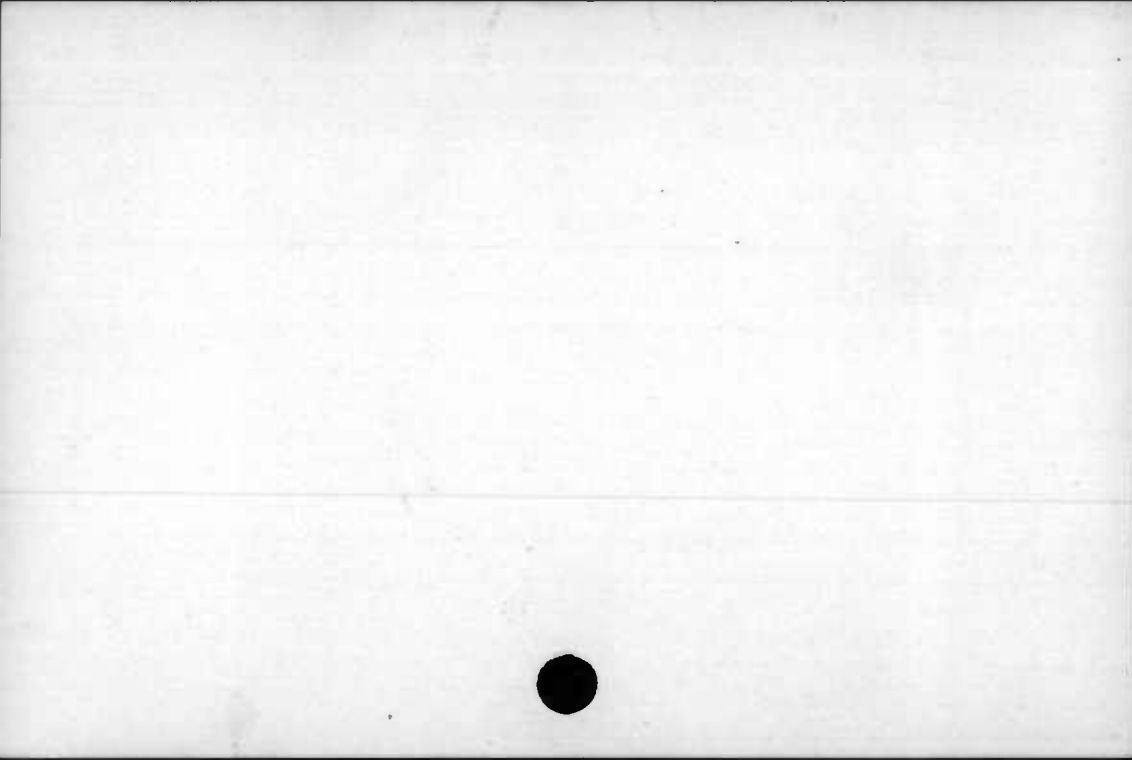
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Drowning	How long	few minutes
Immediate	asphyxia	How long	" "
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Wm. S. Seymour
		Address	Trappe
Accident or Suicide?	accident		



Name in Full		Mary E Sullivan				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County			
		Eaton		Fallor-		MARYLAND			
		Date of death		1905	Month	Aug	Day	11	
		Age		45	Years	X	Months	X	
		Sex		Female	Color or Race		Black	Birth-place	Potters Landing
		Occupation		book	Where Residing if not at place of death		X		
		Married, Single or Widowed		married	Name of Wife or Husband		Abt Sullivan		
Father's Name		John Wrayman				Father's Birthplace	Trapper		
Mother's Maiden Name		Mary Wrayman				Mother's Birthplace	Potters Landing		
Name of person giving information		Abt Sullivan				How related to deceased	Husband		
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Consumption		How long	2 years		
		Immediate		Hemorrhage		How long	X		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		A A Hughes			
		yes		Address		Undertaker Eaton Maryland			
Accident or Suicide?									



Name
in
Full

Faith Ward Treganowan

CERTIFICATE OF DEATH

Died at *Easton* Town*Tallot* County

MARYLAND

Date of death *1905 Aug.* MonthDay *23*Age *0* YearsMonths *1*Days *6*Sex *Female*

Color or Race

White

Birth-place

Easton Md

Occupation

*Infant*Where Residing if not at place of death
—

Married, Single or Widowed

*single*Name of Wife or Husband
—

Father's Name

John R. Treganowan

Father's Birthplace

Penn.

Mother's Maiden Name

Mary E. Fisk

Mother's Birthplace

Baltimore, Md

Name of person giving information

John R. Treganowan

How related to deceased

Father

CAUSES OF DEATH

Primary

Imperfect Closure of Forebrain Ventricle

How long

Since Birth

Immediate

Asphyxia

How long

50 minutes

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

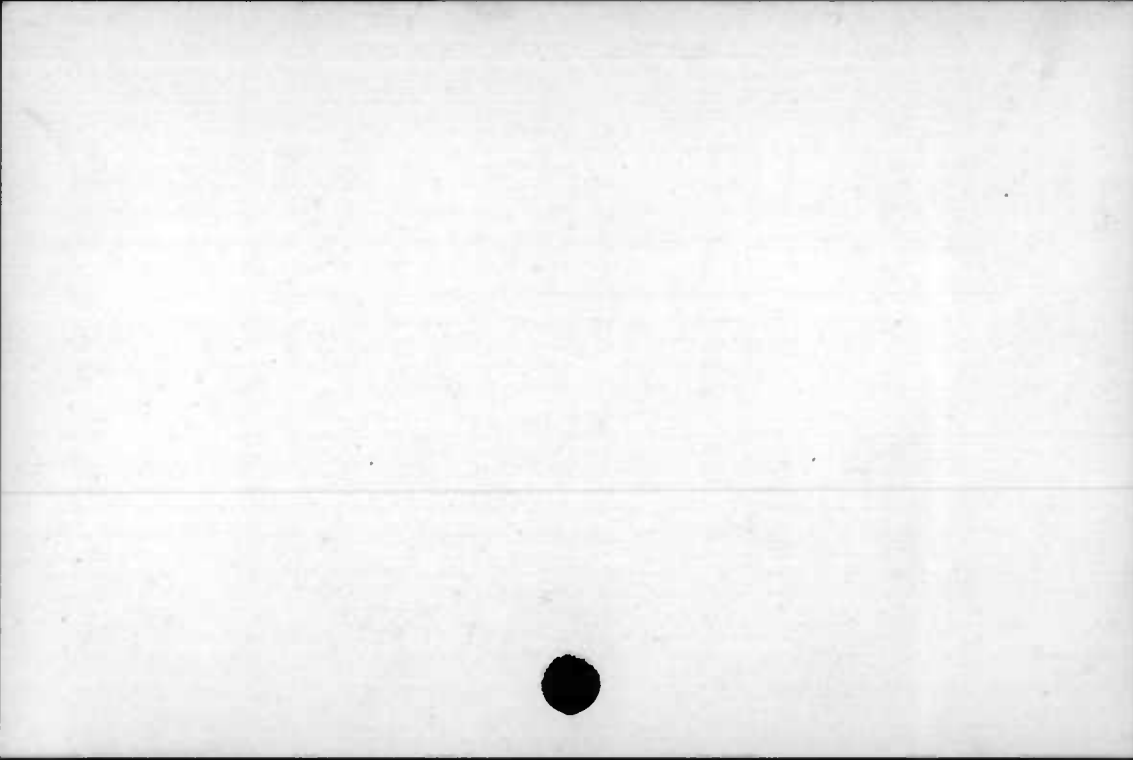
Chas. A. Davidson

Address

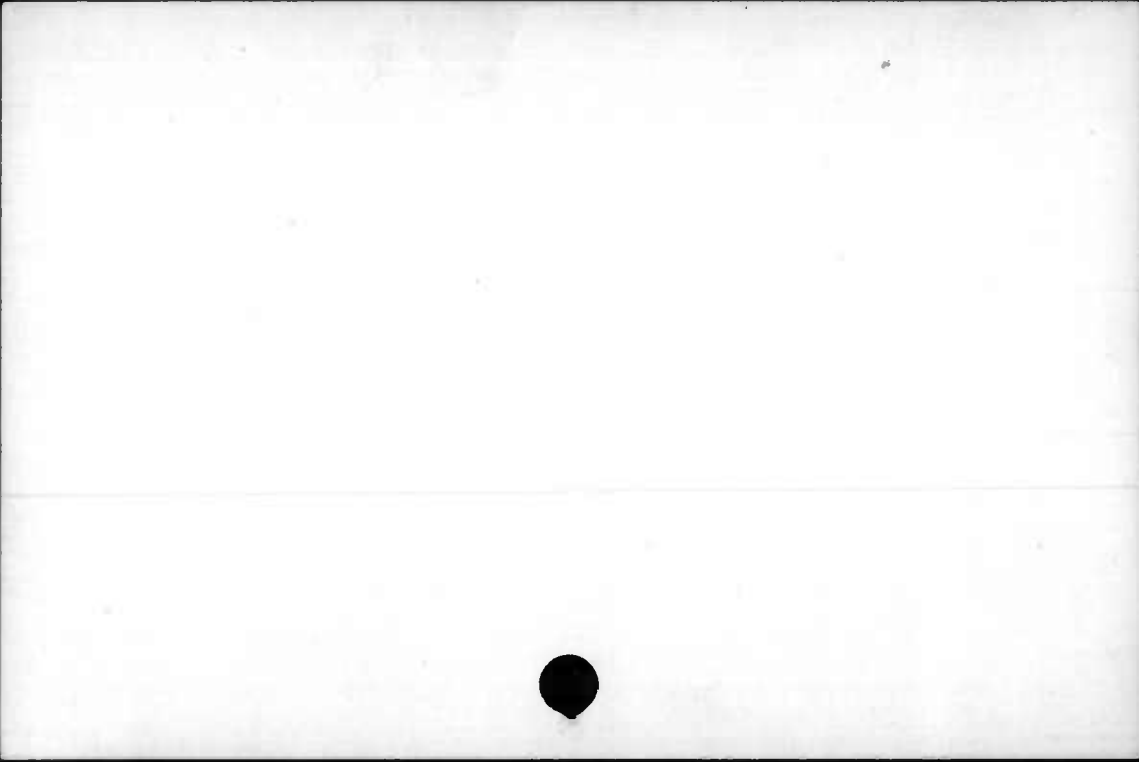
Easton - Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Easton</i> <small>Town</small>		<i>Salbot</i> <small>County</small>	
		Date of death <i>1905</i> <small>Month</small> <i>August</i> <small>Day</small> <i>10th</i> <small>Years</small> <i>90</i>		<i>8</i> <small>Months</small> <i>8</i> <small>Days</small>	
		Sex <i>male</i>		Color or Race <i>white</i>	
		Occupation <i>Retired</i>		Where Residing if not at place of death <i>Resided at place of death</i>	
		Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>X</i>	
		Father's Name <i>X</i>		Father's Birthplace <i>X</i>	
		Mother's Maiden Name <i>X</i>		Mother's Birthplace <i>X</i>	
		Name of person giving Information <i>B. E. Whitman</i>		How related to deceased <i>Grandson</i>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>old age</i> <i>X</i>		How long <i>X</i>	
		Immediate <i>X</i>		How long <i>X</i>	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>Yes.</i> <i>X</i>		<i>L. A. Hughes</i>	
Accident or Suicide? <i>X</i>		<i>Wm. H. T. Baker</i>			



Name
in
Full

Elvey Virginia Wooley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died near Eustis ^{Town}Tulhal ^{County}Date of death 1905 Aug

Month

Day 23

Age

Years 1Months 10

Days

Sex FemaleColor or
Race WhiteBirth-
place Cumby Co., MdOccupation clerkWhere Residing if not
at place of death Ridgely, MdMarried, Single
or Widowed SName of Wife or
HusbandFather's
Name Edgar F. WooleyFather's
Birthplace MichiganMother's
Maiden Name Julia H. McManisMother's
Birthplace Tulhal Co., MdName of person giving
In formation E. F. WooleyHow related
to deceased Trukey

CAUSES OF DEATH

Primary MeningitisHow long 3 weeksImmediate ExhaustionHow long 24 hoursAre the name, age, sex, color, date
and place correctly given above?Signature of
Physician [Signature]Address Eustis, Md

Accident or Suicide?

PHYSICIAN
OR CORONER

